

**PATENT**

**Attorney Docket: 7044-X07-104**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Yair DANKNER et al

Group Art Unit: 2829

Appln. No.: 10/595,166

Filed: March 15, 2006

For: ELECTRONIC ULTIMATE DEFECTS ANALYZER DETECTING ALL DEFECTS  
IN PCB/MCM

**SUPPLEMENTAL APPLICATION DATA SHEET**

**APPLICATION INFORMATION**

**Application number::** 10/595,166  
**Filing Date::** MARCH 15, 2006  
**Application type::** REGULAR  
**Subject Matter::** UTILITY  
**Suggested classification::**  
**Suggested Group Art Unit::** 2829  
**CD-ROM or CD-R?::**  
**Number of CD disks::**  
**Number of copies of CDs::**  
**Sequence submission?::**  
**Computer Readable Form  
(CRF)?::**  
**Number of copies of CRF::**  
**Title line one::** ELECTRONIC ULTIMATE DEFECTS  
**Title line two::** ANALYZER DETECTING ALL DEFECTS  
**Title line three::** IN PCB/MCM  
**Title line four::**  
**Attorney Docket Number::** 7044-X07-104  
**Request for Early Publication?::**  
**Request for Non-Publication?::**

**Suggested Drawing Figure::**

**Total Drawing Sheets::** 8  
**Small Entity?::** YES  
**Latin name::**  
**Variety denomination name::**  
**Petition included?::**  
**Petition Type::**  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**  
**Secrecy Order in Parent Appl.?::**

**APPLICANT INFORMATION**

**Applicant Authority Type::** INVENTOR (1)  
**Primary Citizenship::** IL  
**Country::** IL  
**Status::** FULL CAPACITY  
**Given Name::** YAIR  
**Middle Name::**  
**Family name::** DANKAR DANKNER  
**Name Suffix::**  
**City of Residence::** KFAR SABA  
**State or Province**  
**Of Residence::**  
**Country of Residence::** IL  
**Street of mailing address::** 8 HAZEROT HADAR ST.  
**City of mailing address::** KFAR SABA  
**State or Province of**  
**Mailing address::**  
**Country of mailing**  
**address::** IL  
**Postal or Zip Code**

of mailing address:: 44359

**APPLICANT INFORMATION**

Applicant Authority Type:: INVENTOR (2)  
Primary Citizenship:: IL  
Country:: IL  
Status:: FULL CAPACITY  
Given Name:: YIZHAK  
Middle Name::  
Family name:: PITKARY PIKARY  
Name Suffix::  
City of Residence:: 18B HASAHLAV ST. NATANYA  
State or Province  
Of Residence::  
Country of Residence:: IL  
Street of mailing address:: 18B HASAHLAV ST.  
City of mailing address:: NATANYA  
State or Province of  
Mailing address::  
Country of mailing  
address:: IL  
Postal or Zip Code  
of mailing address:: 42207

**APPLICANT INFORMATION**

Applicant Authority Type:: INVENTOR (3)  
Primary Citizenship:: IL  
Country:: IL  
Status:: FULL CAPACITY  
Given Name:: JACOB  
Middle Name::

Family name:: GITMAN  
Name Suffix::  
City of Residence:: REHOVOT  
State or Province  
Of Residence::  
Country of Residence:: IL  
Street of mailing address:: 11/14 HAYM LASKOV ST.  
City of mailing address:: REHOVOT  
State or Province of  
Mailing address::  
Country of mailing  
address:: IL  
Postal or Zip Code  
of mailing address:: 76654

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#### CORRESPONDENCE INFORMATION

##### Correspondence Customer

Number:: 27317  
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Street of mailing address:: 21355 E. DIXIE HIGHWAY, SUITE 115  
City of mailing address:: MIAMI  
State or Province of mailing  
address:: FLORIDA  
Country of mailing address:: USA  
Postal or Zip Code of mailing  
address:: 33180  
Phone number:: 305-830-2600  
Fax Number:: 305-830-2605  
E-Mail address:: PBIANCO@FGGBB.COM

## REPRESENTATIVE INFORMATION

Representative customer number:: 27317

Representative Designation::	Registration Number::	Representative Name::
Primary	16,900	Martin Fleit
Associate	37,333	Jon A. Gibbons
Associate	35,171	Jose Gutman
Associate	40,917	Stephen C. Bongini
Associate	43,500	Paul D. Bianco

## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	IS A 371 OF	PCT/IL04/00842	09-14-2004
PCT/IL04/00842	CLAIMS BENEFIT OF	60/502,941	09-16-2003

## FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

## ASSIGNMENT INFORMATION

Assignee name:: INVISIBLE LTD.

Street of mailing

Address:: 1 AZRIELI CENTER ST.  
(AT WILENSKY LAW OFFICE)

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**State or Province of**  
**Mailing address::**  
**Country of mailing**  
**address::** ISRAEL  
**Postal or Zip Code**  
**Of mailing address::** 67021